

Employee Direct Deposit Form

Employee Information

Last Name First Name Employee # Department

Account Information

1. _____
Bank Name Bank Account Number Bank Routing Number
 Checking Savings I wish to deposit: \$_____ or Entire Net Amount

2. _____
Bank Name Bank Account Number Bank Routing Number
 Checking Savings I wish to deposit: \$_____ or Entire Net Amount

3. _____
Bank Name Bank Account Number Bank Routing Number
 Checking Savings I wish to deposit: \$_____ or Entire Net Amount

OR

Please cancel all previous direct deposit authorizations previously submitted. I wish to receive a check each pay period.

Please read and sign before completing and submitting.

I hereby authorize Aiken County Government and First Citizens Bank to deposit the above amount(s) into the above named account(s) on every pay period, and if applicable, cancel the authorization for direct deposit previously submitted. **I authorize Aiken County Government and First Citizens Bank to withdraw any funds deposited into my account in error.**

Employee's Signature

Date

Note: For direct deposit --- Please attach a voided check to this form to expedite this process. To distribute to more accounts, please complete another form.